

WHOLE EFFLUENT TOXICITY (WET) TEST SUMMARY REPORT

NPDES Permit Number: **PA0020346**Facility Name: **Punxsutawney Borough STP**Species Tested: ☐ *Ceriodaphnia dubia* ☐ *Pimphales promelas* Test Type: ☐ Chronic ☐ AcuteRe-Test? ☐ Yes ☐ No (If Yes, indicate the date of original test completion:)

SAMPLE INFORMATION

Sample Source:

Date(s)/Time(s) of Sample Collection:

Temperature: °C

Chlorine: mg/L

Holding Time of Sample:

Sample(s) Dechlorinated? ☐ Yes ☐ No

TEST CONDITIONS

Date/Time of Test Initiation:

Date/Time of Test Termination:

☐ Renewal Test ☐ Non-Renewal Test

Frequency of Renewals:

Dilution Series: , , , , ,

Instream Waste Concentration (IWC):

Age of Organisms at Start of Tests:

Number of Replicates:

Number of Organisms per Replicate:

Source of Organisms:

Feeding Regimen:

Light Intensity:

Photoperiod:

Temperature measurements made at least once per 24-hour period? ☐ Yes ☐ No (attach log sheet)DO measured daily in at least one replicate of each concentration? ☐ Yes ☐ No (attach log sheet)Were the test chambers aerated? ☐ Yes ☐ No Rate:pH measured daily in at least one replicate of each concentration? ☐ Yes ☐ No (attach log sheet)Were test acceptability criteria in the EPA method met? ☐ Yes ☐ No

DILUTION / REAGENT WATER

Date of Last Test for Chemistry:

Conductivity: µmhos/cm

pH:

Chlorine: mg/L

CONTROL RESULTS

Ceriodaphnia dubia***Pimphales promelas***

Survival:

Survival:

Percent that produced 3 broods (if applicable): % Mean Dry Weight of Survivors (if applicable):

Young per Surviving Female (if applicable):

REFERENCE TOXICITY TESTS

Date of most recent test:

Same conditions as test? ☐ Yes ☐ NoWere test acceptability criteria in the EPA method met? ☐ Yes ☐ No

TEST RESULTS

Control compared to: ☐ IWC Dilution ☐ Other:Survival: ☐ Pass ☐ Fail Growth: ☐ Pass ☐ Fail Reproduction: ☐ Pass ☐ Fail

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of the individuals personally responsible for obtaining the information, I believe the attached information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine or imprisonment as provided by 18 Pa. C.S. §4904.

Name of Laboratory Manager

Signature of Laboratory Manager

Date

DEP Lab ID No.